

Conclusions

This findings brief has shown that North Carolina had a relatively good supply of obstetric care practitioners in 1998. Prenatal care was available in 1998 from a physician, certified nurse midwife or local health department in all but two counties of the state. Physicians or certified nurse midwives attended births in 88 counties. The distribution of practitioners who attended births in 1998 was somewhat problematic, with eight counties in the eastern part of the state lacking a provider.

Despite the availability of practitioners, North Carolina had one of the highest infant mortality rates in the country in 1997 with 9.2 infant deaths per 1,000 live births (U.S. range 4.3 to 10.6) (National Center for Health Statistics, June 1999). Another measure that may indicate a lack of adequate obstetric care is the incidence of low-birth weight babies. In 1997, North Carolina ranked 41st with 8.8% of babies born weighing less than 5.5 pounds (U.S. range 5.5% to 10.2%) (National Center for Health Statistics, April 1999).

These findings suggest a need to look beyond simple measures that equate access to obstetric care with availability of health care providers. Research is needed into how well the needs of women at high risk for poor birth outcomes are being met by available practitioners. Practitioners may not be able to meet the full spectrum of needs of women seeking obstetric care because women at risk for high infant mortality often require a range of services that require referral to another health care provider who may not be available in the area (i.e. to treat a substance abuse problem or domestic violence situation). Language and cultural barriers may exist. The recent release of the Census 2000 data show an increasingly diverse population in North Carolina; it may be necessary to look more closely at how well the supply of services provided in certain regions of the state match the needs of its citizens. More information on the intensity and content of services provided by practitioners would also yield a more complete picture.

More research is needed into why women who fall into risk categories for high infant mortality rates may not be accessing obstetric care services. When, and how often, a woman receives care may be dependent on her ability to pay for services or her knowledge about the importance of prenatal care. It may also be influenced by a lack of choice among practitioners, and the availability of prenatal services (i.e. waiting times or office hours).

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